WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

3243

1 PLACE OF DEATH
County Jackson
Civil Dist. 61
OR
Village
OR
City Gainesboro (No. , St.; Ward)

Registration District No. 441
Primary Registration District No. 24401
File No. 4
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME D. A. Rawley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married
6 DATE OF BIRTH: June (Month) 20 (Day), 1864 (Year)
7 AGE: 62 yrs. 7 mos. 18 ds. If LESS than 1 day, ... hrs. or ..... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Jackson Co. Tenn
PARENTS
10 NAME OF FATHER: David Rawley
11 BIRTHPLACE OF FATHER [State or country]: Carthage Tenn
12 MAIDEN NAME OF MOTHER: Nancy Hare
13 BIRTHPLACE OF MOTHER [State or country]: Jackson Co. Tenn
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs Frank Hall
[Address] Monterey Tenn
15
Filed Feb 9 1927 Mrs M H Dettle REGISTRAR

900

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feby [Month] 8 [Day], 1927 [Year]
17 I HEREBY CERTIFY, That I attended deceased from Feby 4 1927, to Feby 8, 1927, that I last saw him alive on Feby 8, 1927, and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:
Bronchial Asthma complicated with Bronchial Pneumonia
[Duration] ..... yrs. ..... mos. 3 ds.
Contributory [SECONDARY] Cholecystitis Chronic
[Duration] 6 yrs. ..... mos. ..... ds.
Signed W. C. Gaw M. D.
2/8, 1927 Address Gainesboro Tenn

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* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL: Feb 9, 1927
20 UNDERTAKER: Draper & Draper
ADDRESS: Gainesboro